

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010020-3

Page 1 of 1

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To Ramo-Wooldridge Corporation
(Payee)

8320 Ballanca Avenue Los Angeles 45, California
(Address) (City) (State)

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms INVOICE NUMBERS	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		2004				\$ 1,098	56 ^W
		2005				796	47 ^W
		2006				10,532	00 ^W
		2007				21,514	97 ^W
		2008				1,109	72 ^W
Use continuation sheet(s) if necessary							
Shipped from _____ to _____ Weight _____ Government B/L No. _____						Total \$35,051	72 ^W

PAYMENT:

Complete ☐
Partial ☐
Final ☐

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

(Payee must NOT use this space)

Differences _____

Amount verified; correct for _____

(Signature or initials) _____

Per _____ Title _____
Contract No. A-101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

(Approving Officer)

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL

STATINTL

Paid by { Check No. _____ dated _____, 19____, for \$ _____ { on Treasurer of the United States in
Cash, \$ _____, on _____, 19____ Payee _____ { favor of payee named above.
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be written in the space provided for the signature of the approving officer. If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

Bu. Vou. No.

Page 1 of 1

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To **Rene-Moultrie Corporation**
(Payee)
6185 Ballance Avenue **Los Angeles 43, California**
(Address) (City) (State)

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		2804				\$ 1,098	76
		2805				796	47
		2806				10,512	00
		2807				21,814	97
		2808				2,109	72
Use continuation sheet(s) if necessary						Total	35,309 72

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total **35,309 72**

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

(Sign original only)

Differences _____

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for _____

(Signature or initials)

Per _____ Title _____

Contract No. **A-101** Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____
SIGN
ORIGINAL
ONLY

Title **(Contracting Officer)**

Title **(Approving Officer)**

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
Cash, \$ _____, on _____, 19____, Payee _____ favor of payee named above.
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary" or "Treasurer", as the case may be.
† If the ability to certify the account is not in dispute, the certifying officer may sign on the line below. If the ability to certify the account is in dispute, the certifying officer will sign on the line below. Approved for _____, and _____

Per _____